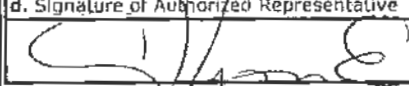


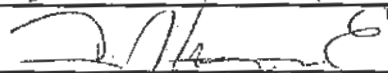
The Application was successfully submitted to HRSA.

APPLICATION FOR FEDERAL ASSISTANCE				Version 7/03
APPLICATION FOR FEDERAL ASSISTANCE		2. Date Submitted 10/1/2009 3:54:12 PM	Applicant Identifier	
1. Type of Submission		3. Date Received By State	State Application Identifier	
Application	Preapplication	4. Date Received By Federal Agency	Federal Identifier	
<input type="checkbox"/> Construction	<input type="checkbox"/> Construction		H80CS00712	
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Non-Construction		Application # 00069058	
			Grants.Gov # GRANT10421036	
5. Applicant Information				
Legal Name:		Organizational Unit		
CIALES PRIMARY HLTH CARE SERVICES, INC.		Department		
Organizational DUNS: 784778065		Division		
Address: (give city, county, state and zip code)		Name and telephone number of the person to be contacted on matters of involving this application (give area code)		
Post Office Box 1427		Name	Mrs. GLADYS RIVERA-ESTELA	
Ciales PR 00638-1427		Tel Number (give area code):	(787)871-0601	
County	Ciales	Fax Number (give area code):	(787)871-3960	
6. Employer Identification Number(EIN)		7. Type of Applicant		
		Not for Profit Organization		
		Other (Specify):		
8. Type of Application		9. Name of Federal Agency		
<input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision		Health Resources and Service Administration		
If Revision:		11. Descriptive Title of Applicant's Project:		
<input type="checkbox"/> A. Increase Award <input type="checkbox"/> C. Increase Duration		CIALES PRIMARY HEALTH CARE SERVICES INC		
<input type="checkbox"/> B. Decrease Award <input type="checkbox"/> D. Decrease Duration		12. Areas Affected by Project (Cities, Counties, States, etc.):		
Other (Specify): Non-Competing Continuation		Other Areas: CIALES MUNICIPALITY (CENSUS TRACTS 9556,9557,9558,		
10. Catalog of Federal Domestic Assistance		14. Congressional Districts of		
Number	93.224	a. Applicant PR-00		
Title (Name of Program)	Community Health Centers	b. Project		
13. Proposed Project		16. Is Applicant Subject To Review by State Executive Order 12372 Process?		
Start Date:	2/1/2010	<input checked="" type="checkbox"/> YES This preapplication /application was made available to the state executive order 12372 process for review on: Date : 9/1/2009		
Ending Date:	1/31/2011	<input type="checkbox"/> NO <input type="checkbox"/> Program is not covered by e.o. 12372		
15. Estimated Funding		<input type="checkbox"/> Program has not been selected state for review		
a. Federal	\$942,411.00	17. Is Application Delinquent on Any Federal Debt?		
b. Applicant	\$0.00	NO if "Yes," attach an explanation.		
c. State	\$452,659.00			
d. Local	\$0.00			
e. Other	\$0.00			
f. Program Income	\$3,821,639.00			
g. Total	\$5,216,709.00			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Name of Authorized Representative	b. Title	c. Telephone number (give area code)		
Gladys Rivera-Estela	EXECUTIVE DIRECTOR	(787)871-0601 Ext: 202		
d. Signature of Authorized Representative	e. Date Signed			
	10/01/2009			
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The application has not been submitted to HRSA as yet.

APPLICATION FOR FEDERAL ASSISTANCE			
Version 7/03			
APPLICATION FOR FEDERAL ASSISTANCE		2. Date Submitted	Applicant Identifier
1. Type of Submission		3. Date Received By State	State Application Identifier
Application	Preapplication		
<input type="checkbox"/> Construction	<input type="checkbox"/> Construction	4. Date Received By Federal Agency	Federal Identifier
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Non-Construction		H80CS00712 Application # 00069058 Grants.Gov # GRANT10421036
5. Applicant Information			
Legal Name:		Organizational Unit	
CIALES PRIMARY HLTH CARE SERVICES, INC.		Department	
Organizational DUNS:	784778065	Division	
Address: (give city, county, state and zip code)		Name and telephone number of the person to be contacted on matters of involving this application (give area code)	
Post Office Box 1427 Ciales PR 00638-1427		Name	Mrs. GLADYS RIVERA- ESTELA
		Tel Number (give area code):	(787)871-0601
County	Ciales	Fax Number (give area code):	(787)871-3960
6. Employer Identification Number(EIN)		7. Type of Applicant	
		Not for Profit Organization	
		Other (Specify):	
8. Type of Application		9. Name of Federal Agency	
<input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision		Health Resources and Service Administration	
If Revision:			
<input type="checkbox"/> A. Increase Award <input type="checkbox"/> C. Increase Duration		11. Descriptive Title of Applicant's Project:	
<input type="checkbox"/> B. Decrease Award <input type="checkbox"/> D. Decrease Duration		CIALES PRIMARY HEALTH CARE SERVICES INC	
Other (Specify): Non-Competing Continuation			
10. Catalog of Federal Domestic Assistance		12. Areas Affected by Project (Cities, Counties, States, etc.):	
Number	93.224	Other Areas: CIALES MUNICIPALITY (CENSUS TRACTS 9556,9557,9558,	
Title (Name of Program)	Community Health Centers		
13. Proposed Project		14. Congressional Districts of	
Start Date:	2/1/2010	a. Applicant	PR-00
Ending Date:	1/31/2011	b. Project	
15. Estimated Funding		16. Is Applicant Subject To Review by State Executive Order 12372 Process?	
a. Federal	\$942,411.00	<input checked="" type="checkbox"/> YES This preapplication /application was made available to the state executive order 12372 process for review on: Date : 9/1/2009	
b. Applicant	\$0.00		
c. State	\$452,659.00		
d. Local	\$0.00	<input type="checkbox"/> NO <input type="checkbox"/> Program is not covered by e.o. 12372	
e. Other	\$0.00	<input type="checkbox"/> Program has not been selected state for review	
f. Program Income	\$3,821,639.00	17. Is Application Delinquent on Any Federal Debt?	
g. Total	\$5,216,709.00	NO If "Yes," attach an explanation.	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE			

AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Name of Authorized Representative	b. Title	c. Telephone number (give area code)
Gladys Rivera-Estela	EXECUTIVE DIRECTOR	(787)871-0601 Ext: 202
d. Signature of Authorized Representative		e. Date Signed
		Oct. 1, 2009
Previous Editions Not Usable Authorized for Local Reproduction		Standard Form 424 (Rev. 9-2003) Prescribed by OMB Circular A-102

BUDGET INFORMATION - NON-CONSTRUCTION PROGRAMS**Section A - Budget Summary**

Grant Program Function or Activity (a)	CFDA Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		(c) Federal	(d) Non-Federal	(e) Federal	(f) Non-Federal	(g) Total
Community Health Centers	93.224	\$0.00	\$0.00	\$942,411.00	\$4,274,298.00	\$5,216,709.00
TOTALS		\$0.00	\$0.00	\$942,411.00	\$4,274,298.00	\$5,216,709.00

Section B - Budget Categories

Object Class Categories	Grant Program Function or Activity	Total
	Community Health Centers	
Personnel	\$1,734,790.00	\$1,734,790.00
Fringe Benefits	\$506,834.00	\$506,834.00
Travel	\$70,000.00	\$70,000.00
Equipment	\$167,952.00	\$167,952.00
Supplies	\$1,127,570.00	\$1,127,570.00
Contractual	\$1,217,453.00	\$1,217,453.00
Construction	\$0.00	\$0.00
Other	\$392,110.00	\$392,110.00
Total Direct Charges	\$5,216,709.00	\$5,216,709.00
Indirect Charges	\$0.00	\$0.00
Totals	\$5,216,709.00	\$5,216,709.00

Program Income

Grant Program or Function Activity	Amount
Community Health Centers	
Total:	\$3,821,639.00

Section C - Non-Federal Resources

(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) Totals
Community Health Centers	\$0.00	\$452,659.00	\$3,821,639.00	\$4,274,298.00
TOTALS	\$0.00	\$452,659.00	\$3,821,639.00	\$4,274,298.00

Section D - Forecasted Cash Need

	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter

Section E - Budget Estimates Of Federal Funds Needed For Balance Of The Project

(a) Grant Program	Future Funding Periods (Years)			
	(b) First	(c) Second	(d) Third	(e) Fourth

Community Health Centers	\$942,411.00	\$942,411.00	\$942,411.00	\$942,411.00
TOTALS	\$942,411.00	\$942,411.00	\$942,411.00	\$942,411.00

Section F - Other Budget Information

Direct Charges	
Indirect Charges	
Remarks	

Standard Form 424

ASSURANCES - NON-CONSTRUCTION PROGRAMS

1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standard or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the nineteen statutes or regulations specified in Appendix A of OPM's Standard for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: **(a)** Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; **(b)** Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685- 1686), which prohibits discrimination on the basis of sex; **(c)** Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §§794), which prohibits discrimination on the basis of handicaps; **(d)** The Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age **(e)** The Drug Abuse Office and Treatment Act of 1972 (PL 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; **(f)** The Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (PL 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; **(g)** §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; **(h)** Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to non-discrimination in the sale, rental or financing of housing; **(i)** Any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; **(j)** The requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Title II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (PL 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply with the provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327- 333), regarding labor standards for federally assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (PL 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: **(a)** Institution of environmental quality control measures under the National Environmental Policy Act of 1969 (PL 91-190) and Executive Order (EO) 11514; **(b)** Notification of violating facilities pursuant to EO 11738; **(c)** Protection of wetland pursuant to EO 11990; **(d)** Evaluation of flood hazards in flood plains in accordance with EO 11988; **(e)** Assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); **(f)** Conformity of Federal actions to State (Clear Air) Implementation Plans under Section 176(c) of the Clear Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); **(g)** Protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended, (PL 93-523); and **(h)** protection of endangered species under the Endangered Species Act of 1973, as amended, (PL 93-205).
12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and

the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§ 469a-1 et seq.).	
14. Will comply with PL 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.	
15. Will comply with the Laboratory Animal Welfare Act of 1966 (PL 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.	
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead based paint in construction or rehabilitation of residence structures.	
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act of 1984.	
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.	
Name of Authorized Certified Official	Gladys Rivera-Estela
Title	EXECUTIVE DIRECTOR
Applicant Organization	CIALES PRIMARY HLTH CARE SERVICES, INC.
Date Submitted	09/30/2009
Proof of Certification	
I certify that I have read and AGREED to comply with the requirements of form SF 424B upon award of funds.	

Standard Form 424

APPLICATION 5161 - ATTACHMENTS

Purpose: Attachment 5

Document Name: Attachment
5. Action Plan Summary.doc

Size: 28 KB

Date Attached: 10/1/2009 2:01:02 PM

Description:

Purpose: Program Narrative

Document Name: Ciales%
20Project%20Narrative%
202010%20final[1].doc

Size: 129.5 KB

Date Attached: 10/1/2009 1:58:15 PM

Description:

Purpose: Narrative Budget Justification

Document Name: CIALES 2010
BUDGET JUSTIFICATION FINAL
1.xls

Size: 41.5 KB

Date Attached: 10/1/2009 10:04:45 AM

Description:

Purpose: Attachment 2

Document Name: Project
Organizational Chart 2009.pdf

Size: 461.77 KB

Date Attached: 9/30/2009 4:48:33 PM

Description:

Purpose: Attachment 1

Document Name: Service Area
Map 2010-2011.doc

Size: 80 KB

Date Attached: 9/30/2009 4:43:16 PM

Description:

Purpose: Additional Project Title

Document Name: 1234-
CPHCSI PROJECT
ABSTRACT.doc

Size: 31 KB

Date Attached: 9/17/2009 1:54:31 PM

Description: Package SF424 Additional Project Title

Standard Form 424

CERTIFICATIONS**1. CERTIFICATION REGARDING DEBARMENT AND SUSPENSION**

The undersigned (authorized official signing for the applicant organization) certifies to the best of his or her knowledge and belief, that the applicant, defined as the primary participant in accordance with 45 CFR Part 76, and its principals:

- (a) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal Department or agency;
- (b) have not within a 3-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- (c) are not presently indicted or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph(b) of this certification; and
- (d) have not within a 3-year period preceding this application/proposal had one or more public transactions (Federal, State, or local) terminated for cause or default.

The applicant agrees by submitting this proposal that it will include, without modification, the clause titled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion--Lower Tier Covered Transactions" in all lower tier covered transactions (i.e., transactions with sub-grantees and/or contractors) and in all solicitations for lower tier covered transactions in accordance with 45 CFR Part 76.

Should the applicant not be able to provide this certification, he or she shall attach an explanation to this application.

2. CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

The undersigned (authorized official signing for the applicant organization) certifies that the applicant will, or will continue to, provide a drug-free workplace in accordance with 45 CFR Part 76 by:

- (a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
- (b) Establishing an ongoing drug-free awareness program to inform employees about--
 - (1) The dangers of drug abuse in the workplace;
 - (2) The grantee's policy of maintaining a drug-free workplace;
 - (3) Any available drug counseling, rehabilitation, and employee assistance programs;
 - (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
- (c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a) above;
- (d) Notifying the employee in the statement required by paragraph (a), above, that, as a condition of employment under the grant, the employee will--
 - (1) Abide by the terms of the statement; and
 - (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
- (e) Notifying the agency in writing within ten calendar days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
- (f) Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d) (2), with respect to any employee who is so convicted--
 - (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
 - (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
- (g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

For purposes of paragraph (e) regarding agency notification of criminal drug convictions, the DHHS has designated the following central point for receipt of such notices:

Office of Grants and Acquisition Management
 Office of Grants Management
 Office of the Assistant Secretary for Management and Budget

Department of Health and Human Services
 200 Independence Avenue, S.W., Room 517-D
 Washington, D.C. 20201

3. CERTIFICATION REGARDING LOBBYING

If you currently receive more than \$100,000 in federal funds and engage in lobbying activities, please complete the disclosure below.

Title 31, United States Code, Section 1352, entitled "Limitation on use of appropriated funds to influence certain Federal contracting and financial transactions," generally prohibits recipients of Federal grants and cooperative agreements from using Federal (appropriated) funds for lobbying the Executive or Legislative Branches of the Federal Government in connection with a SPECIFIC grant or cooperative agreement. Section 1352 also requires that each person who requests or receives a Federal grant or cooperative agreement must disclose lobbying undertaken with non-Federal (nonappropriated) funds. These requirements apply to grants and cooperative agreements EXCEEDING \$100,000 in total costs (45 CFR Part 93).

The undersigned (authorized official signing for the applicant organization) certifies, to the best of his or her knowledge and belief, that:

- (1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the under- signed, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- (2) If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. (If needed, Standard Form-LLL, "Disclosure of Lobbying Activities," its instructions, and continuation sheet are included at the end of this application form.)
- (3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

4. CERTIFICATION REGARDING PROGRAM FRAUD CIVIL REMEDIES ACT (PFCRA)

The undersigned (authorized official signing for the applicant organization) certifies that the statements herein are true, complete, and accurate to the best of his or her knowledge, and that he or she is aware that any false, fictitious, or fraudulent statements or claims may subject him or her to criminal, civil, or administrative penalties. The undersigned agrees that the applicant organization will comply with the Public Health Service terms and conditions of award if a grant is awarded as a result of this application.

5. CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, early childhood development services, education or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such Federal funds. The law does not apply to children's services provided in private residence, portions of facilities used for inpatient drug or alcohol treatment, service providers whose sole source of applicable Federal funds is Medicare or Medicaid, or facilities where WIC coupons are redeemed.

Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.


By signing the certification, the undersigned certifies that the applicant organization will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act.

The applicant organization agrees that it will require that the language of this certification be included in any subawards which contain provisions for children's services and that all subrecipients shall certify accordingly.

The Public Health Services strongly encourages all grant recipients to provide a smoke-free workplace and promote the nonuse of tobacco products. This is consistent with the PHS mission to protect and advance the physical and mental health of the American people.

Name of Authorized Certified Official	Gladys Rivera-Estela
Title	EXECUTIVE DIRECTOR
Applicant Organization	CIALES PRIMARY HLTH CARE SERVICES, INC.
Date Submitted	09/30/2009
Proof of Certification	
I certify that I read and AGREED to comply with the requirements of Certifications.	

Standard Form 424

DISCLOSURE OF LOBBYING ACTIVITIES			
1. Type of Federal Action		3. Report Type	
Grant		For Material change Only:	
		Year	
2. Status of Federal Action		Quarter	
		Date of last report	
4. Name and Address of Reporting Entity		5. If Reporting Entity in No. 4 is Subawardee, Enter Name and Address of Prime	
Name	Prime	Name	This section is Not Applicable to HRSA
Organization Name	CIALES PRIMARY HLTH CARE SERVICES, INC.	Organization Name	
Address	Post Office Box 1427 Ciales PR 00638-1427	Address	
Congressional District	PR-00	Congressional District	
6. Federal Department/Agency		7. Federal Program Name/Description	
U.S Department of Health and Human Service, HRSA		Health Center Cluster CFDA Number, <i>If Applicable</i> : 93.224	
8. Federal Action Number, If Known		9. Award Amount, If Known	
5-H80-10-004			
10 a. Name and Address of Lobbying Entity		10 b. Individual Performing Service	
Lobbying Entity		Name	Address
Address			
11. Agreement			
Information requested through this form is authorized by title 31 U.S.C. Section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semiannually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.			
Signature			
Print Name	Gladys Rivera-Estela		
Title	Authorizing Official		
Tel Number	(787)871-0601 Ext: 202		
Date:			

Standard Form 424

CHECKLIST

OMB Approval No. 0920-0428

CHECKLIST

Public Burden Statement: Public reporting burden of this collection of information is estimated to average 4 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC,

Clearance Officer, 1600 Clifton Road, MS D-24, Atlanta, GA 30333, ATTN: PRA (0920-0428). Do not send the completed form to this address.

NOTE TO APPLICANT: This form must be completed and submitted with the original of your application. Be sure to complete both sides of this form. Check the appropriate boxes and provide the information requested. This form should be attached as the last page of the signed original of the application. This page is reserved for PHS staff use only.

Type of Application

Noncompeting Continuation

Part A: The following checklist is provided to assure that proper signatures, assurances, and certifications have been submitted.

<input checked="" type="checkbox"/> Civil Rights Assurance (45 CFR 80)	Date: 08/05/1986
<input checked="" type="checkbox"/> Assurance Concerning the Handicapped (45 CFR 84)	Date: 08/05/1996
<input checked="" type="checkbox"/> Assurance Concerning the Sex Discrimination (45 CFR 86)	Date: 08/05/1986
<input checked="" type="checkbox"/> Assurance Concerning the Age Discrimination (45 CFR 90 & 45 CFR 91)	Date: 08/05/1986

Human Subjects Certification, when applicable (45 CFR 46)

Not - Applicable

Part B: This part is provided to assure that pertinent information has been addressed and included in the application.

Information	Yes / Not Applicable
1. Has a Public Health System Impact Statement for the proposed program/project been completed and distributed as required?	Yes
2. Has the appropriate box been checked for Item # 16 on the SF-424 (FACE PAGE) regarding intergovernmental review under E.O. 12372 ? (45 CFR Part 100)	Yes
3. Has the entire proposed project period been identified in Item # 13 of the FACE PAGE?	Yes
4. Have biographical sketch(es) with job description(s) been attached, when required?	Yes
5. Has the "Budget Information" page, SF-424A (Non-Construction Programs) or SF-424C (Construction Programs), been completed and included?	Yes
6. Has the 12 month detailed budget been provided?	Yes
7. Has the budget for the entire proposed project period with sufficient detail been provided?	Yes
8. For a Supplemental application, does the detailed budget address only the additional funds requested?	Not Applicable
9. For Competing Continuation and Supplemental applications, has a progress report been included?	Not Applicable

Part C: Please verify the personnel information below.

Business Official		Project Director/Program Director/Principal Investigator	
Name	Mrs. GLADYS RIVERA-ESTELA	Name	Mrs. GLADYS RIVERA-ESTELA
Title	EXECUTIVE DIRECTOR	Title	EXECUTIVE DIRECTOR
Organization	CIALES PRIMARY HLTH CARE SERVICES, INC.	Organization	CIALES PRIMARY HEALTH CARE SERVICES INC
Address	PO BOX 1427 ROAD 149 KM 12.3 CIALES PR 00638-	Address	PO BOX 1427 ROAD 149 KM 12.3 CIALES PR 00638-
E-mail Address	cphcsinc@yahoo.com	E-mail Address	cphcsinc@yahoo.com

Telephone	(787)871-0601	Telephone	(787)871-0601
Fax	(787)871-3960	Fax	(787)871-3960
Application Organization DHHS EIN (If already assigned)		SSN	N/A
		Highest Degree Earned	ASSOCIATE DEGREE

Part D: Private, nonprofit organization must include evidence of its nonprofit status with the application. Any of the following is acceptable evidence.

☒ (a) A reference to the organization's listing in the Internal Revenue Service's (IRS) most recent list of tax-exempt organizations described in section 501(c)(3) of the IRS Code.

☐ (b) A copy of a currently valid Internal Revenue Service Tax exemption certificate.

☐ (c) A statement from a State taxing body, State Attorney General, or other appropriate State official certifying that the applicant organization has a nonprofit status and that none of the net earnings accrue to any private shareholders or individuals.

☐ (d) A certified copy of the organization's certificate of incorporation or similar document if it clearly establishes nonprofit status of the organization.

☐ (e) Any of the above proof for a State or national parent organization and a statement signed by the parent organization that the applicant organization is a local nonprofit affiliate.

Previously Filed With (Agency) _____

Date _____

Inventions

If this is an application for continued support, include: (1) The report of inventions conceived of reduced to practice required by the terms and conditions of the grant, or; (2) A list of inventions already reported, or; (3) A negative certification.

Executive Order 12372

Effective September 30, 1983, Executive Order 12372 (Intergovernmental Review of Federal Programs) Directed OMB to abolish OMB Circular A-95 and establish a new process for consulting with State and local elected official on proposed Federal financial Assistance. The Department of Health and Human Services implemented the Executive Order Through Regulations at 45 CFR Part 100 (Intergovernmental Review of Department of Health and Human Services Programs and Activities). The objectives of the Executive Order are to (1) increase State flexibility to design a consultation process and select the programs it wishes to review, (2) increase the abilities to State and local elected officials to influence Federal decisions and (3) compel Federal officials to be responsive to State concerns, or explain the reasons.

The Regulations at 45 CFR Part 100 were published in the Federal Register on June 24, 1983, along with a notice identifying the Department's programs that are subject to the provisions of Executive Order 12372. Information regarding PHS programs subject to Executive Order 12372 is also available from the appropriate awarding office.

State participating in this program establish State Single Points of Contact (SPOCs) to coordinate and manage the review and comment on proposed Federal financial assistance. Applicants should contact the Governor's office for information regarding the SPOC, programs selected for review, and the consultation (Review) process designed by their State.

Applicants are to certify on the face page of the SF-424 (attached) whether the request is for a program covered under Executive Order 12372 and, where appropriate, whether the State has been given an opportunity to comment.

Standard Form 424

PROGRAM SPECIFIC

As of 10/1/2009 3:49:38 PM

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration		FOR HRSA USE ONLY																														
FORM 1 - PART A: GENERAL INFORMATION WORKSHEET		Application Tracking Number	Grant Number																													
		00069058	CS00712																													
1. Applicant Information																																
Applicant Name	CIALES PRIMARY HLTH CARE SERVICES, INC., Ciales, PR																															
Applicant Type	Noncompeting Continuation	Existing Grantee	Yes																													
Grant Number	CS00712	UDS #																														
Business Entity	Not for Profit Organization																															
Organization Type	<input type="checkbox"/> Tribal <input type="checkbox"/> Urban Indian <input type="checkbox"/> Faith based <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> State government <input type="checkbox"/> City/County/Local Government or Municipality <input type="checkbox"/> University <input type="checkbox"/> Community based organization																															
2. Proposed Service Area																																
2a. Service Area Designation	<input checked="" type="checkbox"/> Medically Underserved Area (ID# 03864) <input checked="" type="checkbox"/> Medically Underserved Population (ID# 03864) <input type="checkbox"/> MUA Application Pending (ID# _____) <input type="checkbox"/> MUP Application Pending (ID# _____) <input type="checkbox"/> Serving Section 330 (G) - Migrant Health Centers <input type="checkbox"/> Serving Section 330 (H) - Homeless Health Centers <input type="checkbox"/> Serving Section 330 (I) - Public Housing Health Centers																															
2b. Target Population Type	<input type="checkbox"/> Urban <input checked="" type="checkbox"/> Rural																															
2c. Target Population and Provider Information																																
<table border="1"> <thead> <tr> <th>Target Population Information</th> <th>Current Number</th> <th colspan="2">Projected at End of Project Period</th> </tr> </thead> <tbody> <tr> <td>Total Service Area Population</td> <td>20572.00</td> <td colspan="2">--</td> </tr> <tr> <td>Total Target Population</td> <td>20572.00</td> <td colspan="2">--</td> </tr> <tr> <td>Total FTE Medical Providers</td> <td>31.28</td> <td colspan="2">31.58</td> </tr> <tr> <td>Total FTE Dental Providers</td> <td>7.00</td> <td colspan="2">7.00</td> </tr> <tr> <td>Total FTE Behavioral Health Providers</td> <td>1.49</td> <td colspan="2">1.49</td> </tr> <tr> <td>Total FTE Substance Abuse Service Providers</td> <td>0.00</td> <td colspan="2">0.00</td> </tr> </tbody> </table>				Target Population Information	Current Number	Projected at End of Project Period		Total Service Area Population	20572.00	--		Total Target Population	20572.00	--		Total FTE Medical Providers	31.28	31.58		Total FTE Dental Providers	7.00	7.00		Total FTE Behavioral Health Providers	1.49	1.49		Total FTE Substance Abuse Service Providers	0.00	0.00		
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Service Type	Current Number		Projected at End of Project Period																													
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Total Substance Abuse	15	17	16	20																												
Patients and Visits by Population Type																																
	(b) Current Number	Number at End of Yr1	(c) Number After 2	Number at End of Project Period	(d) Change In New Patients After 2	(e) Percent Change In New Patients																										

Population Type					Year				Years (c-b)		After 2 Years (d/b)*100	
	Patients	Visits	Patients	Visits	Patients	Visits	Patients	Visits	Patients	Visits	Patients	Visits
General Community	11206	76435	N/A	N/A	N/A	N/A	0	0	N/A	N/A	N/A	N/A
Migrant/Seasonal Farmworkers	0	0	N/A	N/A	N/A	N/A	0	0	N/A	N/A	N/A	N/A
Public Housing Residents	0	0	N/A	N/A	N/A	N/A	0	0	N/A	N/A	N/A	N/A
Homeless Persons	0	0	N/A	N/A	N/A	N/A	0	0	N/A	N/A	N/A	N/A
TOTAL	11206	76435	N/A	N/A	N/A	N/A	0	0	N/A	N/A	N/A	N/A

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Form 1: Part C - Documents On File**Attachments**

Purpose	Document Name	Size	Uploaded By
Documents On File	<u>DocumentsOnFile.doc</u>	33.17 KB	Mayra Rodriguez on 9/30/2009 10:27:51 AM

As of 10/1/2009 3:49:38 PM

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration FORM 2: STAFFING PROFILE	FOR HRSA USE ONLY		
	Application Tracking Number		Grant Number
	00069058		CS00712
ADMINISTRATION	TOTAL FTES (a)	ANNUAL SALARY OF POSITION (b)	TOTAL SALARY (a*b)
Executive Director / CEO	1.00	\$54,789.00	\$54,789.00
Finance Director (Fiscal Officer) / CFO	1.00	\$27,872.00	\$27,872.00
Chief Operating Officer / COO	0.00	\$0.00	\$0.00
Chief Information Officer / CIO	0.00	\$0.00	\$0.00
Administrative Support Staff	26.66	\$16,282.00	\$434,078.12
MEDICAL STAFF	TOTAL FTES (a)	ANNUAL SALARY OF POSITION (b)	TOTAL SALARY (a*b)
Medical/Clinical Director	0.20	\$48,880.00	\$9,776.00
Family Physicians	1.00	\$38,300.00	\$38,300.00
General Practitioners	3.60	\$65,443.00	\$235,594.80
Internists	0.80	\$48,880.00	\$39,104.00
OB/GYNs	0.00	\$0.00	\$0.00
Pediatricians	1.00	\$48,800.00	\$48,800.00
Other Specialty Physicians	0.00	\$0.00	\$0.00
Physician Assistants/Nurse Practitioners	0.00	\$0.00	\$0.00
Certified Nurse Midwives	0.00	\$0.00	\$0.00

Nurses (RNs, LVNs, LPNs)	19.56	\$25,010.00	\$489,195.60
Pharmacist, Pharmacy Support, Technicians	6.53	\$26,365.00	\$172,163.45
Other Medical Personnel	0.00	\$0.00	\$0.00
Laboratory Personnel (Lab Technicians)	3.00	\$19,164.00	\$57,492.00
X-ray Personnel	1.00	\$18,291.00	\$18,291.00
Clinical Support Staff (Medical Assistants, etc)	4.00	\$16,514.00	\$66,056.00
Volunteer Clinical Providers (Medical and Dental)	0.00	\$0.00	\$0.00
DENTAL, MENTAL HEALTH AND ENABLING STAFF	TOTAL FTES (a)	ANNUAL SALARY OF POSITION (b)	TOTAL SALARY (a*b)
DENTAL STAFF			
Dentists	0.00	\$0.00	\$0.00
Dental Hygienists	0.00	\$0.00	\$0.00
Dental Assistants, Aides, Technicians	0.00	\$0.00	\$0.00
MENTAL HEALTH STAFF			
Mental Health Specialists (MH Provider)	0.00	\$0.00	\$0.00
Alcohol and Substance Abuse Specialists	0.00	\$0.00	\$0.00
Psychiatrists	0.00	\$0.00	\$0.00
Psychologists	0.00	\$0.00	\$0.00
ENABLING STAFF			
Patient Education Specialist (Health Educator)	1.00	\$17,680.00	\$17,680.00
Case Managers	0.20	\$31,884.00	\$6,376.80
Outreach (Outreach Staff)	0.00	\$0.00	\$0.00
Other Enabling	1.00	\$19,200.00	\$19,200.00
OTHER STAFF	TOTAL FTES (a)	ANNUAL SALARY OF POSITION (b)	TOTAL SALARY (a*b)
Other Professional Staff	0.00	\$0.00	\$0.00
Other Staff	0.00	\$0.00	\$0.00

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Form 3: Income Analysis Form**Attachments**

Purpose	Document Name	Size	Uploaded By
Income Analysis Form	IncomeAnalysisFormat.doc	119.22 KB	Mayra Rodriguez on 9/30/2009 10:44:47 AM

As of 10/1/2009 3:49:38 PM

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration FORM S - PART A: REQUIRED SERVICES PROVIDED	FOR HRSA USE ONLY	
	Application Tracking Number	Grant Number
	00069058	CS00712

SERVICE TYPE	MODE OF SERVICE PROVISION		
	APPLICANT	AGREEMENT (Grantee pays for service)	REFERRAL ARRANGEMENTS (Grantee DOES NOT pay)
Clinical Services			
General Primary Medical Care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diagnostic Laboratory	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Diagnostic X-Ray	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Screenings			
• Cancer	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
• Communicable Diseases	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Cholestrol	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Blood lead test for elevated blood lead level	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Pediatric vision,hearing and dental	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Emergency Medical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Voluntary Family Planning	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Immunizations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Well Child Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gynecological Care	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Obstetrical Care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Prenatal and Perinatal Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Preventive Dental	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Referral to Mental Health			<input checked="" type="checkbox"/>
Referral to Substance Abuse			<input checked="" type="checkbox"/>
Referral to Specialty Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Pharmacy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance Abuse services (required for HCH programs):			
• Detoxification	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
• Outpatient Treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
• Residential Treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
• Rehabilitation (non hospital settings)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Non-Clinical Services			
Case Management			
• Counseling/Assessment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

• Referral			
• Follow - up/Discharge Planning	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
• Eligibility Assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Health Education	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outreach	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Translation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Substance Abuse services (required for HCH programs):			
• Harm/Risk Reduction (e.g. educational materials, nicotine gum/patches)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration FORM 5 - PART A: ADDITIONAL SERVICES PROVIDED		FOR HRSA USE ONLY	
		Application Tracking Number	Grant Number
		00069058	CS00712
SERVICE TYPE	MODE OF SERVICE PROVISION		
	APPLICANT	AGREEMENT (Grantee pays for service)	REFERRAL ARRANGEMENTS (Grantee DOES NOT pay)
Additional Services Currently Provided			
Clinical Services			
Urgent Medical care	<input checked="" type="checkbox"/>		
Dental Services - Restorative			<input checked="" type="checkbox"/>
Dental Services - Emergency		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Mental Health - Treatment/Counseling			<input checked="" type="checkbox"/>
Mental Health - Development Screening		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Mental Health - 24-Hour Crisis			<input checked="" type="checkbox"/>
Substance Abuse Services			<input checked="" type="checkbox"/>
Environmental Health Services	<input checked="" type="checkbox"/>		
Occupational Therapy			<input checked="" type="checkbox"/>
Physical Therapy		<input checked="" type="checkbox"/>	
HIV Testing	<input checked="" type="checkbox"/>		
TB Therapy		<input checked="" type="checkbox"/>	
Podiatry		<input checked="" type="checkbox"/>	
Other Clinical-Services - VISION SCREENING	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Other Clinical-Services - HEARING SCREENING	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Other Clinical-Services - RESPITE		<input checked="" type="checkbox"/>	
Other Clinical-Services - EMP/ED, COUSLING	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Non - Clinical Services			
WIC			<input checked="" type="checkbox"/>
Nutrition (not WIC)	<input checked="" type="checkbox"/>		
Child Care			<input checked="" type="checkbox"/>

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DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration FORM 5 - PART B: SERVICE SITES (List of Sites in BPHC Records)		FOR HRSA USE ONLY									
		Application Tracking Number	Grant Number								
		00069058	CS00712								
Action Status: Picked from Scope											
Name of Service Site	CIALES PRIMARY HEALTH CARE SERVICES, INC.	Service Site Type	Service Delivery Site								
Location Type	Permanent	Location Setting (Required for Service Site Only)	All Other Clinic Types								
Number of Contract Service Delivery Locations (Voucher Screening Only)	0	Number of Intermittent Sites (Intermittent Only)	0								
Web URL	n/a										
Site Operated by	<input checked="" type="checkbox"/> Grantee <input type="checkbox"/> Sub-Recipient <input type="checkbox"/> Contractor										
<table border="1"> <tr> <td colspan="2">Organization</td> </tr> <tr> <td>Organization Name</td> <td rowspan="5">Not Applicable</td> </tr> <tr> <td>Address (Physical)</td> </tr> <tr> <td>Address (Mailing)</td> </tr> <tr> <td>EIN</td> </tr> <tr> <td>View</td> </tr> </table>				Organization		Organization Name	Not Applicable	Address (Physical)	Address (Mailing)	EIN	View
Organization											
Organization Name	Not Applicable										
Address (Physical)											
Address (Mailing)											
EIN											
View											
Date Site was Opened	8/5/1986	Date Site was Added to Scope	8/5/1986								
Site Operational By	8/5/1986	Medicare Billing Number	80088								
Medicaid Billing Number	n/a	Medicaid Pharmacy Billing Number	n/a								
Site Phone Number	787-871-0601	Administration Phone Number	787-871-0601								
Site Fax Number	787-871-3960										
Site Physical Address	CARR. 149 KM 12.3 , CIALES, PR 00638-1427	Site Mailing Address	Post Office Box 1427 CIALES PR								
Service Area Zipcodes (Required for Service Site Only)	00638	Service Area Census Tracts	9559, 9557, 9556, 9558								
Population Type	<input type="checkbox"/> Urban <input checked="" type="checkbox"/> Rural										
Operational Schedule	<input checked="" type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	Calendar Schedule	<input checked="" type="checkbox"/> Year-Round <input type="checkbox"/> Seasonal								
Total Hours of Operation when Patients will be Served per Week (include extended hours)	168.000	Months of Operation									

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DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration FORM 5 - PART C: OTHER ACTIVITIES/LOCATIONS		FOR HRSA USE ONLY	
		Application Tracking Number	Grant Number
		00069058	CS00712

ACTIVITY/LOCATION #1	
Type of Activity	Immunizations
Frequency of Activity	3 TIMES A YEAR.
Description of Activity	VACCINATION IS GIVEN TO THE COMMUNITY WITH EVIDENCE OF VACINES MISSING.
Type of Location(s) where Activity is Conducted	DIFFERENT COMMUNITIES OF CIALES.
ACTIVITY/LOCATION #2	
Type of Activity	Health Fairs
Frequency of Activity	ANNUALLY AND EVERY TWO MONTHS.
Description of Activity	HEALTH FAIR AT PUBLIC PLAZA WITH GLUCOSE, TRIGLYCERIDES, CHOLESTEROL (FINGER TEST) MAMOGRAPHY, BONE DENSITOMETRY, BLOOD PRESSURE FOR ALL PATIENTS. EVERY TWO MONTHS COMMUNITY HEALTH FAIR IN COORDINATION WITH THE MUNICIPALITY OF CIALES, MEDICAL EVALUTIONS TO PATIENTS OF DIFFERENT COMMUNITIES.
Type of Location(s) where Activity is Conducted	CIALES PUBLIC PLAZA AND DIFFERENT COMMUNITIES
ACTIVITY/LOCATION #3	
Type of Activity	Hospital Admitting
Frequency of Activity	DAILY
Description of Activity	ADMIT PATIENTS AND FOLLOW-UP UNTIL DISCHARGE OF PATIENTS. AS PART OF HIS ADMITTING PRIVILEGES HE ALSO ADMIT PATIENTS THAT ARE NON-HEALTH CENTER PATIENTS.
Type of Location(s) where Activity is Conducted	DR'S CENTER HOSPITAL AND MANATI MEDICAL CENTER BOTH LOCATED IN MANATI PR.
ACTIVITY/LOCATION #4	
Type of Activity	Medical Rounds
Frequency of Activity	DAILY
Description of Activity	EVALUATION AND MANAGEMENT OF PATIENTS, THE HEALTH CENTER PROVIDERS SEE NON-HEALTH CENTER PATIENTS AS PART OF HIS ADMITTING PRIVILEGES.
Type of Location(s) where Activity is Conducted	DR'S CENTER AND MANATI MEDICAL CENTER, BOTH ARE IN MANATI PR.
ACTIVITY/LOCATION #5	
Type of Activity	Portable Clinical Care
Frequency of Activity	WEEKLY, 4 HOURS.
Description of Activity	PREVENTIVE PRIMARY MEDICAL CARE WITH VACCINATION AND NUTRITION CARE.
Type of Location(s) where Activity is Conducted	PARCELAS SEGUI, COMMUNITY OF CIALES, AT FRONTON, ROAD 146 KM 14.7. PART OF OUR TOWN.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration FORM 6 - PART A: CURRENT BOARD MEMBER CHARACTERISTICS	FOR HRSA USE ONLY	
	Application Tracking Number	Grant Number
	00069058	CS00712
Organization Type		

Is your organization a tribal entity?

☐ Yes ☒ No

List of Board Member(s)

#	Board Member Name	Board Office Held	Area of Expertise	Health Center Patient	Live or Work in Service Area	Years of Continuous Board Service	Special Population Representative
1	AGNES AVILES	PRESIDENT	SOCIAL WORKER	Yes	Live	17	No
2	CARMELO RAMOS	VICE-PRESIDENT	HANDYMAN (RETIRED)	Yes	Live	17	No
3	NILDA GONZALEZ	MEMBER	STYLIST	Yes	Live	16	No
4	CARMEN RODRIGUEZ	TREASURER	SECRETARY	Yes	Live	11	No
5	GLORIA BURGOS	MEMBER	STYLIST (RETIRED)	Yes	Live	13	No
6	HECTOR LOPEZ	SECRETARY	NATURAL RESOURCES	Yes	Live	17	No
7	IGNACIO RIOS	MEMBER	ENGINEER	No	Live	4	No
8	YATZIRA DOMINGUEZ	MEMBER	SOCIAL WORKER	Yes	Live	2	No
9	MILAGROS FIGUEROA	MEMBER	TEACHER	No	Live	2	No
10	ANTONIO ROSARIO	MEMBER	RISK INSPECTOR	Yes	Live	2	No
11	REINA FIGUEROA	MEMBER	TEACHER	Yes	Live	2	No
Gender		Number of Board Members					
Male		7					
Female		4					
Ethnicity		Number of Board Members					
Hispanic or Latino		11					
Non Hispanic		0					
Race		Number of Board Members					
White		0					
Native Hawaiian or Other Pacific Islander		0					
Black/African American		0					
American Indian or Alaska Native		0					
Asian		0					
More Than One Race		11					

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

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Health Resources and Services Administration FORM 8: HEALTH CENTER AFFILIATION CERTIFICATION/CHECKLIST	Application Tracking Number 00069058	Grant Number CS00712
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Does your organization have, or propose to establish as part of this application, any of the following Affiliation Types:

- Contract for a substantial portion of the approved scope of project
- Memorandum of Understanding (MOU)/Agreement (MOA) for substantial portion of the approved scope
- Contract with another organization or individual contract for core primary care providers
- Contract with another organization for staffing health center
- Contract with another organization for the Chief Medical Officer (CMO) or Chief Financial Officer (CFO)
- Merger with another organization
- Parent Subsidiary Model arrangement
- Acquisition by another organization
- Establishment of a New Entity (e.g. Network corporation)

☐ Yes
☒ No
☐ Not Applicable

Selected Affiliation Type(s)

☐ Contract for a substantial portion of the approved scope of project
☐ Memorandum of Understanding (MOU)/Agreement (MOA) for substantial portion of the approved scope
☐ Contract with another organization or Individual contract for core primary care providers
☐ Contract with another organization for staffing health center
☐ Contract with another organization for the Chief Medical Officer (CMO) or Chief Financial Officer (CFO)
☐ Merger with another organization
☐ Parent Subsidiary Model arrangement
☐ Acquisition by another organization
☐ Establishment of a New Entity (e.g. Network corporation)

Organization Affiliations

No Records found.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration FORM 12: ORGANIZATION CONTACTS	FOR HRSA USE ONLY	
	Application Tracking Number 00069058	Grant Number CS00712

Medical Director	
Name	ERIC ALICEA
Phone	787-871-0601 Ext. 246
Email	cphcsinc@yahoo.com
Chief Executive Officer	
Name	GLADYS RIVERA-ESTELA
Phone	787-871-0601 Ext. 202
Email	cphcsinc@yahoo.com

Contact Person #1

Name	MAYRA E RODRIGUEZ
Phone	787-871-0601 Ext. 223
Email	cphcsinc@yahoo.com

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DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration HEALTH CARE PLAN	FOR HRSA USE ONLY	
	Application Tracking Number	Grant Number
	00069058	CS00712
	Project Period	02/01/2010 - 01/31/2011

Focus Area: Diabetes

Performance Measure: Percentage of diabetic patients whose HbA1c levels are less than or equal to 9 percent.

Is this Performance Measure Applicable to your Organization?	Yes		
Target Goal Description	By 2011 increase the percentage of adult patients with type I or II diabetes who's most recent hemoglobin A/C (HbA1c) is < 9% (under control) from 87% (Baseline year 2007) to 90%.		
Numerator Description	Number of adult patients age 18 to 75 years with a diagnosis of Type 1 or Type 2 diabetes whose most recent hemoglobin A1c level during the measurement year is <= 9%, among those patients included in the denominator.		
Denominator Description	Number of adult patients age 18 to 75 years as of December 31 of the measurement year (for measurement year 2009, date of birth on or after January 1, 1934 and on or before December 31, 1991) with a diagnosis of Type 1 or Type 2 diabetes, who have been seen in the clinic at least twice during the reporting year and do not meet any of the exclusion criteria.		
Baseline Data	Baseline Year: 2008 Measure Type: Percentage Numerator: 578.00 Denominator: 679.00 Calculated Baseline: 85.13%	Projected Data (by End of Project Period)	90.00%
Data Source & Methodology	Data is obtained from the Diabetes Collaborative database. Data was run on 9/14/2009		
Progress Towards Goal	Quantitative: 88.00%		
	Qualitative: CPHCS participates in the Diabetes Health Disparities Collaborative since July 2007. The health care teams provide patients with the necessary tools and support to successfully manage the condition. 12% of patients are not compliant with their management plans, lab tests and miss appointments. Most of these patients fail to attend the appointment with the nutritionist.		
Comments			

Focus Area: Cardiovascular Disease

Performance Measure: Percentage of adult patients with diagnosed hypertension whose most recent blood pressure was less than 140/90.

Is this Performance Measure Applicable to your Organization?	Yes
Target Goal	By 2011 increase the percentage of adult patients 18 years and older, with diagnosed hypertension whose most recent blood pressure was less than or equal

Description	to 140/90 adequate control from 80% (Baseline year 2007 85%)		
Numerator Description	Patients 18 to 85 years (for measurement year 2009, date of birth on or after January 1, 1924 and on or before December 31,1991) with a diagnosis of hypertension with most recent systolic blood pressure measurement < 140 mm Hg and diastolic blood pressure < 90 mm Hg.		
Denominator Description	All patients 18 to 85 years of age as of December 31 of the measurement year (for measurement year 2009, date of birth on or after January 1, 1924 and on or before December 31,1991) with diagnosis of hypertension and have been seen at least twice during the reporting year, and have a diagnosis of hypertension.		
Baseline Data	Baseline Year: 2008 Measure Type: Percentage Numerator: 870.00 Denominator: 1099.00 Calculated Baseline: 79.16%	Projected Data (by End of Project Period)	85.00%
Data Source & Methodology	Representative sample of patients records Data run 9/14/2009		
Progress Towards Goal	Quantitative: 82.00%		
	Qualitative: A nurse is assigned for each clinical team to check the blood pressure in each patient. Every hypertensive patient has a nutritional evaluation and receives orientation/education on the complications of the condition.		
Comments	Frequently patients miss their appointments with the nutritionist and are not adherent to their treatments.		

Performance Measure: Percentage of adult patients with a complete cardiovascular risk assessment			
Is this Performance Measure Applicable to your Organization?	Yes		
Target Goal Description	By 2011, increase the percentage of our adult receiving proper cardiovascular risk assessment to 85%.		
Numerator Description	Adult patients with complete cardiovascular risk assessment form in their records.		
Denominator Description	Total number of adult patients		
Baseline Data	Baseline Year: 2007 Measure Type: Percentage Numerator: 40.00 Denominator: 50.00 Calculated Baseline: 80.00%	Projected Data (by End of Project Period)	85.00%
Data Source & Methodology	Review at least of 50 medical records selected randomly that meet the selected eligibility criteria. Data run on 9/14/2009.		
Progress Towards Goal	Quantitative: 80.00%		
	Qualitative: Multidisciplinary team performs a screening in each medical visit regarding the cardiovascular risks. The team provides counseling and education on the reduction of cardiovascular. Smokers are referred to the PRDOH State or HMO Smoking Cessation Programs.		
Comments	Restricting Factor: Many patients don't follow the physician recommendations after obtaining appropriate orientation.		

Focus Area: Cancer

Performance Measure: Percentage of women age 21-64 who received one or more Pap tests during the measurement year or during the two years prior to the measurement year.	
Is this Performance	

Measure Applicable to your Organization?	Yes		
Target Goal Description	By 2011 increase the percentage of women 21-64 year of age who had one or more Pap tests from 95% (Baseline year 2007) to 98%		
Numerator Description	Number of female patients 24 – 64 years of age receiving one or more Pap tests during the measurement year or during the two years prior to the measurement year (for measurement year 2009, patients born on or after January 1, 1945 and on or before December 31, 1985), among those women included in the denominator.		
Denominator Description	Number of female patients age 24-64 years of age during the measurement year (for measurement year 2009, patients born on or after January 1, 1945 and on or before December 31, 1985) who were seen for a medical encounter at least once during 2009 and were first seen by the grantee before their 65th birthday.		
Baseline Data	Baseline Year: 2008 Measure Type: Percentage Numerator: 2473.00 Denominator: 2382.00 Calculated Baseline: 103.82%	Projected Data (by End of Project Period)	98.00%
Data Source & Methodology	Samples of at least 25 patients that meet the criteria are randomly selected. Data was obtained in 9/14/2009.		
Progress Towards Goal	Quantitative: 95.00%		
	Qualitative: Annual Pap tests are performed daily according to health maintenance protocols. The gynecologist follows up all patients with abnormal cytology. If the cytology is abnormal/atypical, treatment is given and the test is performed again in 6 months or as necessary.		
Comments			

Focus Area: Prenatal and Perinatal Health

Performance Measure: Percentage of births less than 2,500 grams to health center patients.			
Is this Performance Measure Applicable to your Organization?	Yes		
Target Goal Description	By 2011 decrease the percentage of births less than 2,500 grams to health center patients from 6% (Baseline year 2007) to 3%.		
Numerator Description	Women in the "Universe" whose child weighed less than 2,500 grams during the measurement year, regardless of who did the delivery.		
Denominator Description	Total births for all women who were seen for prenatal care during the measurement year regardless of who did the delivery.		
Baseline Data	Baseline Year: 2008 Measure Type: Percentage Numerator: 1.00 Denominator: 70.00 Calculated Baseline: 1.43%	Projected Data (by End of Project Period)	3.00%
Data Source & Methodology	Evaluation of the records of all prenatal patients for the recording period. Data was obtained in 09/14/2009.		
Progress Towards Goal	Quantitative: 2.00%		
	Qualitative: There was a reduction of 4% in the newborns with low birth weight. Education and orientation on the importance of prenatal care in the 1st trimester was reinforced to all women in reproductive age. The prenatal clinic focuses in the early diagnosis and management of high risk pregnancies.		
Comments			

Performance Measure: Percentage of pregnant women beginning prenatal care in first trimester.			
Is this Performance Measure Applicable to your Organization?	Yes		
Target Goal Description	By 2010 increase the percentage of pregnant patients beginning prenatal care in 1st trimester from 72.3% (Baseline year 2007) to 80%.		
Numerator Description	All female patients who received perinatal care during the program year (regardless of when they began care) who initiated care in the first trimester either at the grantee's service delivery location or with another provider.		
Denominator Description	Number of female patients who received prenatal care during the program year (regardless of when they began care), either at the grantee's service delivery location or with another provider. Initiation of care means the first visit with a clinical provider (MD, NP, CNM) where the initial physical exam was done and does not include a visit at which pregnancy was diagnosed or one where initial tests were done or vitamins were prescribed.		
Baseline Data	Baseline Year: 2008 Measure Type: Percentage Numerator: 148.00 Denominator: 173.00 Calculated Baseline: 85.55%	Projected Data (by End of Project Period)	80.00%
Data Source & Methodology	Evaluation of the records of all prenatal patients for the recording period. Data was obtained in 09/14/2009.		
Progress Towards Goal	Quantitative: 85.00%		
	Qualitative: CPHCS has implemented an initiative to promote 1st trimester prenatal enrollment. Educational materials were prepared and are distributed to all the clientele especially women in reproductive age. Prenatal appointments are usually available for the next day to any pregnant woman requesting the service or the next clinic day. The center program reports a decrease in the teen pregnancy from 39.4% in 2008 to 30% during 2009.		
Comments			

Focus Area: Child Health

Performance Measure: Percentage of children with 2nd birthday during the measurement year with appropriate immunizations.			
Is this Performance Measure Applicable to your Organization?	Yes		
Target Goal Description	By 2011 maintain in 100% the percentage of children 2 years of age with appropriate immunizations (Baseline year of 2007 97%)		
Numerator Description	Number of children in the "universe" who received all of the following: 4 DTP/DtaP, 3 IPV, 1 MMR, 3 Hib, 3 HepB, 1VZV (Varicella) and 4 Pneumococcal conjugate, prior to or on their 2nd birthday whose second birthday occurred during the measurement year (prior to 31 December), among those children included in the denominator.		
Denominator Description	Number of children with at least one medical encounter during the reporting period, who had their second birthday during the reporting period, who did not have a contraindication for a specific vaccine. For measurement year 2009, this includes children with a date of birth on or after January 1, 2007 and on or before December 31, 2007, who were seen for the first time in the clinic prior to their second birthday, regardless of whether or not they came to the clinic for vaccinations or well child care.		
Baseline Data	Baseline Year: 2008 Measure Type: Percentage	Projected Data (by End	98.00%

	Numerator: 127.00 Denominator: 279.00 Calculated Baseline: 45.52%	of Project Period)
Data Source & Methodology	Review at least of 25 medical records selected randomly that meet the selected eligibility. Data may be obtained from the immunization program database. Data run 9/14/2009.	
Progress Towards Goal	Quantitative: 98.00%	
	Qualitative: Vaccination services are offered Monday thru Friday from 7:30 am to 3:00 pm. The office clerk and the nurse have extensive experience in vaccination programs. Reminders are given by phone and by mail when patients miss their appointments. The center uses the PRIIR System (CDC developed software). The vaccines are received once a month from the PRDOH.	
Comments	Sometimes vaccines requests from the PRDOH are served completely or the requested vaccines may arrive late.	

Focus Area: Behavioral Health

Performance Measure: Adolescent behavioral Risk Factors			
Is this Performance Measure Applicable to your Organization?	Yes		
Target Goal Description	By 2011, increase the percentage of our adolescent evaluated for behavioral risk factors to 95%.		
Numerator Description	Number of adolescent patients with complete risk evaluation assessments.		
Denominator Description	Total number of adolescents.		
Baseline Data	Baseline Year: 2007 Measure Type: Percentage Numerator: 22.00 Denominator: 25.00 Calculated Baseline: 88.00%	Projected Data (by End of Project Period)	95.00%
Data Source & Methodology	Review at least of 25 medical records selected randomly that meet the selected eligibility criteria. Data run on 9/14/2009.		
Progress Towards Goal	Quantitative: 90.00%		
	Qualitative: A questionnaire was developed to assess the Adolescent Risk Factors in Adolescents including ATOD. Counseling and health education is included in the health maintenance protocol for adolescents.		
Comments			

Focus Area: Oral Health

Performance Measure: Percentage of pediatric caregivers that receive preventive guidance on baby bottle tooth decay (BBTD) and dietary fluoride supplement or topical fluoride.	
Is this Performance Measure Applicable to your Organization?	Yes
Target Goal Description	By 2011, maintain 100% of pediatric patient's caregivers with preventive guidance on baby bottle tooth decay (BBTD) and dietary fluoride supplement or topical fluoride.
Numerator Description	Number of children whose caregivers received orientation on baby bottle tooth decay (BBTD) and dietary fluoride supplement or topical fluoride.
Denominator	

Description	All children ages 6 months thru 4 years old.		
Baseline Data	Baseline Year: 2007 Measure Type: Percentage Numerator: 970.00 Denominator: 970.00 Calculated Baseline: 100.00%	Projected Data (by End of Project Period)	100.00%
Data Source & Methodology	Review at least of 25 medical records selected randomly that meet the selected eligibility criteria. Data run 9/14/2009.		
Progress Towards Goal	Quantitative: 100.00% Qualitative: At each pediatric visit, orientation and education on oral care (BBTD) is given to the parent. A visual evaluation is performed at every visit.		
Comments	Restricting Factor: There is no on site dentist at the center. Patients are referred to the dentist of their choice.		

Performance Measure: Annual dental examination			
Is this Performance Measure Applicable to your Organization?	Yes		
Target Goal Description	By 2011, 50% of all enrolled patients will be referred for annual dental exam and treatment		
Numerator Description	Patients referred for dental examination.		
Denominator Description	Total number of patients		
Baseline Data	Baseline Year: 2008 Measure Type: Percentage Numerator: 2539.00 Denominator: 10158.00 Calculated Baseline: 25.00%	Projected Data (by End of Project Period)	50.00%
Data Source & Methodology	Review at least of 25 medical records selected randomly that meet the selected eligibility criteria. Data run on 9/14/2009.		
Progress Towards Goal	Quantitative: 25.00% Qualitative: In the annual the physical exam, a dental screening is performed and patients are referred to the dentist chosen by the patient.		
Comments	Restricting Factor: CPHCS does not have on-site dental clinic. Patients are referred.		

Focus Area: Other

Other Focus Area Description: Pediatric Lifecycle Obesity			
Performance Measure: Percentage of children with obesity			
Is this Performance Measure Applicable to your Organization?	Yes		
Target Goal Description	By 2011 increase the percentage of our pediatric users evaluated for obesity from 75% (Baseline year 2007) to 80%.		
Numerator Description	Total of children 0 to 11 years old with weight problem (Obesity).		
Denominator Description	Total of children 0 to 11 years old seen by physician.		
	Baseline Year: 2008		

Baseline Data	Measure Type: Percentage Numerator: 75.00 Denominator: 3194.00 Calculated Baseline: 2.35%	Projected Data (by End of Project Period)	80.00%
Data Source & Methodology	Review at least of 25 medical records selected randomly that meet the selected eligibility criteria. Data run 9/14/2009.		
Progress Towards Goal	Quantitative: 75.00% Qualitative: Nutritionist works Monday thru Friday from 7:30 am to 4:00 pm. All pediatric patients are measured for weight and height and plotted in the corresponding growth charts. Reinforce the importance of annual visits to nutritionist through orientation and education.		
Comments	Parents are not following the physicians and nutritionist recommendations. There are cultural factors such as the common beliefs that a "skinny child" is sick or that an obese infant is a healthy baby.		

Other Focus Area Description: Geriatric			
Performance Measure: Percentage of geriatric patients with mental status evaluation.			
Is this Performance Measure Applicable to your Organization?	Yes		
Target Goal Description	By 2011, increase the percentage of our geriatric users providing mental health assessment to 75%.		
Numerator Description	Number of geriatric patients (65 and over) with complete mental health status evaluation.		
Denominator Description	Total number of geriatric patients		
Baseline Data	Baseline Year: 2007 Measure Type: Percentage Numerator: 32.00 Denominator: 50.00 Calculated Baseline: 64.00%	Projected Data (by End of Project Period)	75.00%
Data Source & Methodology	Review at least of 50 medical records selected randomly that meet the selected eligibility criteria. Data run on 9/14/2009.		
Progress Towards Goal	Quantitative: 65.00% Qualitative: Multidisciplinary team performs an annual mental status screening on all geriatric patients. Patient may be referred to Social Worker from Monday thru Friday from 7:30 a.m. to 4:00 p.m.		
Comments	Restricting Factor: The majority of the geriatric patients come alone for their appointments.		

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DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration BUSINESS PLAN	FOR HRSA USE ONLY	
	Application Tracking Number	Grant Number
	00069058	CS00712
	Project Period	02/01/2010 - 01/31/2011
Focus Area: Costs		

Performance Measure: Total cost per patient.

Is this Performance Measure Applicable to your Organization?	Yes		
Target Goal Description	In 2011 we plan to increase 2% the cost per patient		
Numerator Description	Total accrued cost before donations and after allocation of overhead.		
Denominator Description	Total number of patients.		
Baseline Data	Baseline Year: 2008 Measure Type: Ratio Numerator: 4047811.00 Denominator: 11206.00 Calculated Baseline: 361.22 (Ratio)	Projected Data (by End of Project Period)	368.00 (Ratio)
Data Source & Methodology	UDS		
Progress Towards Goal	Quantitative: 361.00 (Ratio) Qualitative: The trend in the total cost per patient form 2005 to 2007 increased 7.74% as per the 2007 UDS Trend Report. The cost per patient decreased 2.1% from @327 in 2006 to \$320 in 2007. The center implemented an initiative to reduce patient waiting room time		
Comments	Restricting factor: Energy cost are increasing. The center will conduct an energy savings assessment review of all the center's operations.		

Performance Measure: Medical cost per medical visit

Is this Performance Measure Applicable to your Organization?	Yes		
Target Goal Description	By 2011 maintain rate of increase in cost per encounter to 2%.		
Numerator Description	Total accrued medical staff and medical other cost after allocation of overhead (excludes lab and x-ray cost).		
Denominator Description	Non-nursing medical visits (excludes nursing (RN) and psychiatrist visits).		
Baseline Data	Baseline Year: 2008 Measure Type: Ratio Numerator: 2771421.00 Denominator: 43716.00 Calculated Baseline: 63.40 (Ratio)	Projected Data (by End of Project Period)	61.00 (Ratio)
Data Source & Methodology	UDS		
Progress Towards Goal	Quantitative: 58.50 (Ratio) Qualitative: The total cost per encounter has increased from \$54 in 2005 to \$56 in 2006 to \$58 in 2007 and \$58.50 in 2008. The increase rate for 2008 was 0.1%. The number of medical encounters has been increasing during the past 3 years. An important restricting factor is the need to increase of physician salaries, fringe benefits, and recruitment and retention package in order to maintain the best medical faculty possible.		
Comments			

Focus Area: Financial Viability

Performance Measure: Long Term Debt to Equity Ratio.			
Is this Performance Measure Applicable to your Organization?	Yes		
Target Goal Description	Through 2011, maintain long term debts. At < to half net assets (Ratio < .04)		
Numerator Description	Long Term Liabilities.		
Denominator Description	Net Assets.		
Baseline Data	Baseline Year: 2008 Measure Type: Ratio Numerator: 118002.00 Denominator: 3096463.00 Calculated Baseline: 0.04 (Ratio)	Projected Data (by End of Project Period)	0.04 (Ratio)
Data Source & Methodology	FINANCIAL AUDIT		
Progress Towards Goal	Quantitative: 0.04 (Ratio) Qualitative: Long Term Liabilities have been decreasing every year with the payment of the mortgage loan principal. The center has not Incurred in any new long or short term debts.		
Comments			

Performance Measure: Working Capital to Monthly Expense Ratio.			
Is this Performance Measure Applicable to your Organization?	Yes		
Target Goal Description	Through 2011, maintain working Capital > to one month of expenses (Ratio > 2)		
Numerator Description	Current Assets - Current Liabilities.		
Denominator Description	Total Expense / Number of Months in Audit.		
Baseline Data	Baseline Year: 2008 Measure Type: Ratio Numerator: 2243725.00 Denominator: 432875.00 Calculated Baseline: 5.18 (Ratio)	Projected Data (by End of Project Period)	5.00 (Ratio)
Data Source & Methodology	FINANCIAL AUDIT		
Progress Towards Goal	Quantitative: 5.00 (Ratio) Qualitative: The center had a \$520,913 increase in net assets during last audited budget period. There has not been an increase in the health center liabilities during the same period. The key staff is on constant analysis of the health center revenues and expenses.		
Comments			

Performance Measure: Change in Net Assets to Expense Ratio (Note: Net Assets = Total Assets - Total Liabilities).	
Is this Performance Measure Applicable to your Organization?	Yes

Target Goal Description	Through 2011, maintain working Capital > to one month of expenses (Ratio > 2)		
Numerator Description	Ending Net Assets - Beginning Net Assets.		
Denominator Description	Total Expense.		
Baseline Data	Baseline Year: 2008 Measure Type: Ratio Numerator: 520913.00 Denominator: 5194496.00 Calculated Baseline: 0.10 (Ratio)	Projected Data (by End of Project Period)	0.12 (Ratio)
Data Source & Methodology	FINANCIAL AUDIT		
Progress Towards Goal	Quantitative: 0.10 (Ratio) Qualitative: The tendency of the last 3 years of the change in net assets to expense ratio has been 1.10%. The health center administration will continue implementing effective cost containment measures.		
Comments			

Focus Area: Other

Other Focus Area Description: Management Information System			
Performance Measure: Implementation of the Electronic Health Record			
Is this Performance Measure Applicable to your Organization?	Yes		
Target Goal Description	By 2011 the Center will establish a process for the implementation of the EHR.		
Numerator Description	N/A		
Denominator Description	N/A		
Baseline Data	Baseline Year: 2008 Measure Type: Percentage Numerator: 0.00 Denominator: 0.00 Calculated Baseline: 0.00%	Projected Data (by End of Project Period)	100.00%
Data Source & Methodology	Determination of the health center readiness for the implementation of the EHR		
Progress Towards Goal	Quantitative: 20.00% Qualitative: CPHCS is developing an informatics infrastructure plan that meets HIPAA, HL7 clinical standards. The proposed plan includes the identification of weak points and the development of corrective measures to reduce conflicts. Prioritize and create a conversion plan of the data, interface and capacity to fulfill the system. Validate the data to be used. Establish a budget for the EMR. Identify funding sources to update the Center's MIS software/hardware and to continue spreading/enhancing the network.		
Comments			

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Health Resources and Services Administration ELECTRONIC HEALTH RECORDS (EHR)	Application Tracking Number 00069058	Grant Number CS00712
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Electronic Health Records (EHR)

1. Does your health center use ELECTRONIC HEALTH RECORDS (not including billing records)?

☐ Yes, all electronic
☐ Yes, part paper and part electronic
☒ No or Don't know

2. Is the EHR system certified by the U.S. Department of Health and Human Services?

☐ Yes ☐ No ☐ N/A

3. Which of your clinical programs use an electronic system? Of the clinical programs with an electronic system, indicate each program that is integrated within your health center's EHR.

Clinical Program	Electronic System? (Check if system present)	Integrated into EHR? (Check if integrated into EHR)
Medical	<input type="checkbox"/>	<input type="checkbox"/>
Oral/Dental	<input type="checkbox"/>	<input type="checkbox"/>
Mental health and Substance Abuse	<input type="checkbox"/>	<input type="checkbox"/>
Pharmacy	<input type="checkbox"/>	<input type="checkbox"/>
ePrescribing	<input type="checkbox"/>	<input type="checkbox"/>
Lab	<input type="checkbox"/>	<input type="checkbox"/>
X-Ray	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>

4. Are there any plans for installing a new EHR system or replacing the current system?

☐ Install a new EHR within 12 months
☒ Install a new EHR within 13-36 months
☐ Not Install an EHR
☐ Unknown

Standard Form 424